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NURSING BULLETIN

VOLUME 6 {N° 1} EDITION 16

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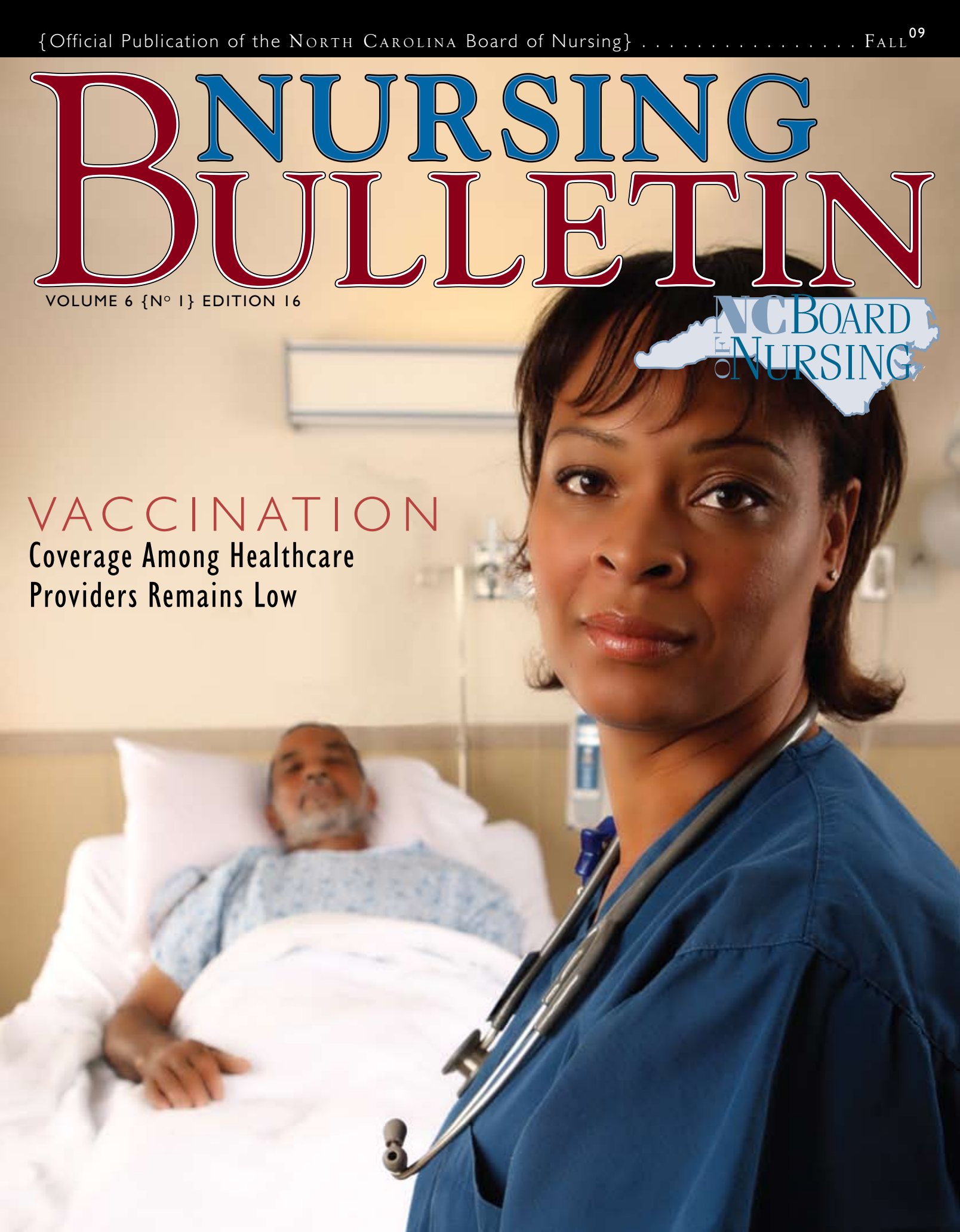

VACCINATION

Coverage Among Healthcare Providers Remains Low

FALL 2009 BULLETIN
NC BOARD OF NURSING
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Mission Statement

The North Carolina Board of Nursing is committed to protecting the health and well-being of the public through regulating the delivery of safe, effective nursing care.

130,000 copies of this document were printed and mailed for a cost of $0.12 per copy.

The North Carolina Board of Nursing is an equal opportunity employer.

NURSING BULLETIN
NC Board of Nursing

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VOLUME 6 { N° 1 } EDITION 16

from the Board Chair

The work of the North Carolina Board of Nursing is diverse, dynamic and continuous. We are fortunate to have a team of 14 Board members who give a great deal of time and energy to conducting Board business. We also have a great staff at the board office. Both Board members and staff are teams working very hard every day to ensure public protection.

I would like to take this opportunity to personally thank two members whose terms will expire December 2009: Paul Rusk and Ramona Whichello. Their service and contribution to the board has been invaluable. Thank you Paul and Ramona!

In January we will welcome two new members to the Board: Beverly Essick and Robert Newsom III.

As I attend national meetings, many colleagues across the nation and world are in awe of our state's accomplishments and ongoing progressive leadership. As I write this message, I am attending the National Council of State Boards of Nursing delegate assembly where, as a delegate, we receive reports and vote on national initiatives. Many conversations will center around such topics as: the Taxonomy of Error, Root Cause, Analysis and Practice-responsibility (TERCAP), the Commitment to Ongoing Regulatory Excellence (CORE), and Licensure, Accreditation, Certification and Education (LACE). We just love acronyms! In addition, we will be discussing leadership succession, continued competency, and Just Culture.

Why is this important to you? First, as a Board, we are committed to protecting the health and well-being of the public through regulating the delivery of safe, effective nursing care. Secondly, we are committed to the formation of policies and procedures that safeguard the public. Thirdly, we expect licensees to stay abreast of evidence-based practice, best practices, and the General Statues that govern what we do. For resources to help you keep up to date visit the Board's website,www.ncbon.org, the National Council's website, www.ncsbn.org and routinely read this publication.

When we believe in the importance of what we do, we become humble because we realize that nursing is accomplished by precept and example. We must organize our lives so that our example and leadership reflect who we are. The constant call is for nurses to assume their responsibilities– to serve others compassionately– within the context of the regulations established to protect the public.

Author David A. Bednar said it quite eloquently, "You and I can not control the intentions or behaviors of other people. However, we do determine how we will act". How is the weather of your nursing practice … partly sunny, partly cloudy, warm or cold? Is there sunshine in your day today? Now is your opportunity to improve. Put your nursing to the test.

Alexis B. Welch, RN, Ed.D., Chair

Letters to the Editor

Nurturing the new

Twenty years ago, I knew I wanted to go into medicine. However, I was unsure of the direction to take. I tried my hand at medical laboratory technology and found it was not my calling. I stumbled into surgical technology where I found that I could excel. At the time I had no idea it was the beginning of a wonderful career and many friendships.

I was a surgical technologist for two and half years when I met her. She was and still is energetic about life and the career of nursing. I had been unaware that I was in the presence of a nurse who believed in nurturing the new. Immediately we were friends and worked well together for 11 years at Craven Regional Medical Center (now CarolinaEast Health System). During that time, she always shared her knowledge and nurtured my growth. She never made me feel like an idiot if I were to ask her something that was a basic nursing question. She treated me as part of the healthcare team. Her name is Beverly Ellis, RN, a nurse with years of knowledge and wisdom: a nurse who truly knows the meaning of the "art of nursing."

I left healthcare for a brief period, but Ms. Ellis reminded me that nursing was my calling. With that vote of confidence, I enrolled in Coastal Carolina Community College where I received my ADN degree in 2003. It was during my nursing education experience that I met Mrs. Gribble, Mrs. Gross, Mrs. Hagan, Mrs. Porter and Mrs. Matthis, all nurses who believe strongly in nurturing the new.

After completing my ADN, I began to work in the Critical Care Unit of CarolinaEast Heath System. A year later, I met another nurse whose zest for nursing would spill over to me. Mrs. Crystal Clark, RN, is the manager of the CICU Department at CarolinaEast. She encouraged team work, intellectual advancement and accountability. In addition, she worked side by side with staff, which to me was truly inspirational.

I soon entered the ECU's RN to BSN program and graduated in 2005. I fully intended to continue on at ECU, but a geriatric nurse practitioner taking care of my grandmother gave me the name of Associate Professor Eleanor McConnell, RN, PhD. She is the director of the Gerontological Nursing Specialty Program at Duke University. Within a matter of months, I was enrolled in that very program. Dr. McConnell is another professional who nurtures the new. I was awarded the John A. Hartford Geriatric Scholarship, and as a part of that scholarship I had an unbelievable opportunity to attend the Hartford Geriatric Nursing Initiative conference sponsored in part by the American Association of Colleges of Nursing. Their mission was simple, encourage the development of new leaders in the nursing profession. I left the conference with a new perspective of nursing and its diversity.

I completed my GNP program in May of 2008, and I am currently on staff at Coastal Surgical Specialists in New Bern, NC.

When I left the operating room in 2003 and left the person that inspired me to become a nurse, I felt that I had lost the best working relationship I had ever had. I knew I was fortunate to have a nurse like Beverly Ellis in my life, and I thought I would never have that again. I was wrong. Today we work together at Coastal Surgical Specialists, and she continues to nurture me and others to be the best nurses we can be.

My name is Kecia Simmons, RN, GNP, and I know I am part of something great, and what's so special is that I am a nurse.

Kecia Simmons, RN,GNP

Editor's note: The Nursing Bulletin gladly publishes letters. If you have something to share with the state's 130,000 licensed nurses, this is the ideal forum. Please recognize that space is limited. Also, since we publish only three times a year we can not guarantee issue specific dates. Final decision on publication remains with the Board of Nursing.

Letters should be sent to: David Kalbacker, editor
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You can also email me at: david@ncbon.com

Nursing Bulletin readership survey scheduled

Every two years the Board of Nursing completes a magazine readership survey. It is a short survey sent to a random sample of approximately 1300 of the more than 130,000 listed licensees. Should you receive one of the surveys, within the next month, PLEASE take a few minutes to complete it and send it back to us in the metered envelope. Your feedback is greatly appreciated.

Naturally, should you want to comment on the Bulletin Magazine you needn't wait for a survey. Your comments and criticism are gladly accepted. You can write or email me at the above address.

Sincerely,

David Kalbacker, editor

from the Executive Director

As healthcare issues are being debated on the national level and the economy slowly recovers, the number of nursing students and licensees continues to grow in North Carolina. For the first time in history, the North Carolina Board of Nursing has more than 130,000 licensees (RNs and LPNs.) In addition, several educational programs have sought approval to increase enrollment and others schools have been assigned initial approval status to establish new nursing programs. Board staff is working hard to meet the demands of this growth.

As I wrote in the Winter issue, the Board of Nursing would be recommending some changes to the Nursing Practice Act (NPA) during the 2009 session of the NC General Assembly. I am happy to report that our requested updates were passed unanimously. You may recall these changes included:

> Expanding the Board's authority to conduct criminal background checks for reinstatement of license, and supporting the Board's ability to offer remedial programs rather than disciplinary action, when warranted.

The Board is in the process of completing its strategic plan to guide us during the next four years (2010-2013). I want to thank all those who made the effort to contribute to this very successful planning effort. In addition to Board members and staff, over 1,000 individuals responded to our surveys. Never have we had so much input related to a strategic plan. It is great to hear from licensees and stakeholders from all over the state and from so many diverse areas of healthcare.

In preparation for the flu season Susan Sullivan, RN, MS, a nurse epidemiologist with the NC Public Health Preparedness and Response Regional Surveillance Team, gave a very informative presentation at the Board office. We felt that her message is so important to the health and well-being of the citizens of NC that we asked her to summarize it into an article for this issue of the Bulletin (pages 8 & 9.)

Finally, once again this year the Board had a successful election. I want to congratulate Beverly Essick and Robert Newsom III on their successful campaigns and I want to thank departing Board members, Paul Rusk and Ramona Whichello for their years of service to the Board and the citizens of North Carolina.

Julia L. George, RN, MSN, FRE,
Executive Director

VACCINATION

Coverage Among Healthcare Providers Remains Low

SUSAN M. SULLIVAN, RN, MS, *NURSE/EPIDEMIOLOGIST*
N.C PUBLIC HEALTH PREPAREDNESS & RESPONSE
REGIONAL SURVEILLANCE TEAM

As nurses we strive for evidence-based practice. The evidence is clear that getting influenza vaccinations protects our patients in addition to ourselves and our families.

This flu season is especially challenging as 2009 H1N1 continues to circulate widely. Flu vaccines are 70 - 90 percent effective among healthy persons <65 years of age. The majority of health care personnel are in this group. Both the injectable and intranasal vaccines are produced in such a way that they cannot "give you the flu."

The 2009 H1N1 vaccine is made in the same manner as the seasonal flu vaccine. The only true contraindications to either seasonal or 2009 H1N1 vaccine are allergy to any vaccine component, or moderate-severe illness at the time of visit. The most common local reaction is injection site tenderness or, in the case of the intranasal vaccine, a stuffy nose. Fever and malaise are not common and true allergic reactions are rare. Neurological reactions are very rare.

Antivirals are not a substitute for vaccination and must be used judiciously to prevent the development of antiviral resistance. Hand hygiene, cough etiquette and appropriate infection control measures are also needed, **but vaccination is the single most effective way to prevent influenza.**

The CDC indicates that "influenza transmission and outbreaks in hospitals and nursing homes are well documented. Health care providers (including nurses) can acquire influenza from patients or transmit influenza

to patients and other staff. Despite the documented benefits of health care provider influenza vaccination on patient outcomes and health care provider absenteeism and on reducing influenza infection among staff, vaccination coverage among health care providers remains low (i.e., <50 percent).

Because health care providers care for patients at high risk for complications of influenza, providers are considered a high priority for influenza vaccine use. In addition, older health care providers (i.e., aged >65 years) and those who have underlying chronic medical conditions or who might be pregnant are at increased risk for influenza-related complications. Achieving and sustaining high vaccination coverage among health care providers will protect staff and patients, and reduce disease burden and health-care costs."

Reference: MMWR Recommendations and Reports. February 24, 2006 / 55(RR02);1-16 Influenza Vaccination of Healthcare Personnel. Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP).

National Foundation for Infectious Diseases. Improving Influenza Vaccination Rates in Health Care Workers, 2004.

Election Results 2009

The results of the 2009 North Carolina Board of Nursing election are complete. Congratulations to winners Beverly Essick, RN-at-large, and Robert W. Newsom III, LPN member.

Ms. Essick, RN, MSN of King, NC, is currently the Associate Director of Compliance/Regulatory Services at Wake Forest University Baptist Hospital Medical Center in Winston-Salem. She previously served on the Board in 1989.

Mr. Newsom of Greensboro, is currently on staff at the Golden Living Center Starmount.

As in years past, we are already getting ready for next year's election. Should you or someone you know want to run for the Board of Nursing in 2010, check out the nomination form in this issue of the magazine. Note that all nomination forms must be completed and postmarked no later than April 1, 2010. Next year we will be seeking a nurse educator from an ADN or Diploma Program, an RN staff nurse and one LPN member for the Board.

NCBON APPROVES NEW POSITION STATEMENT

FOR DELEGATION OF IMMUNIZATION ADMINISTRATION

TO UNLICENCED ASSISTIVE PERSONNEL IN DECLARED STATE OR NATIONAL EMERGENCIES

With widespread activity of the new H1N1 virus in North Carolina and an expected increase in cases this fall, and with the development of a vaccine expected to be released in October, 2009, large numbers of people are expected to be vaccinated in a short period of time. To facilitate the vaccination of large numbers of people in an effort to stem the extent of the pandemic, a new position statement was developed and approved by the Board. This position statement allows licensed nurses to delegate the administration of vaccines during defined immunization campaigns to unlicensed assistive personnel (UAP) consistent with agency policy and procedure and in accordance with the parameters in the position statement.

Nursing law permits the delegation of tasks to unlicensed assistive personnel by the RN and LPN, consistent with G.S. 90-171.20 (7) & (8), as long as certain criteria listed in Administrative Code Rule 21NCAC 36.0221(b) are met. These criteria are listed in the statement. It is important to note that the RN or LPN may only delegate the technical aspects of immunization administration to UAP in these defined immunization campaigns.

UAP performing the task of immunization administration must be trained and validated as competent in this task by an RN, and an RN or LPN must be on site when immunizations are administered. Delegation of this task to UAP **may occur ONLY in declared state or national emergencies or federal/state DHHS or CDC initiated mass immunization campaigns, NOT in routine immunization administration**. To access the position statement, visit www.ncbon.com, hover the cursor over practice on the left, then click on position statements.

NORTH CAROLINA BOARD OF NURSING CALENDAR

- **Board Meeting**
  - JANUARY 20-22
  - MAY 13-14
  - SEPTEMBER 16-17
- **Administrative Hearings**
  - NOVEMBER 20
  - FEBRUARY 26
- **Education/Practice Committee**
  - DECEMBER 2-APRIL 14
- **Licensure Review Panels**
  - NOVEMBER 12
  - DECEMBER 10
  - JANUARY 14

Staff Participate in Annual Council on Licensure Enforcement and Regulation (CLEAR) Conference

Several Board of Nursing staff participated in the Annual CLEAR conference held in Denver, Colorado September 10 – 12. The theme of this year's conference was "Promoting Regulatory Excellence."

Kay McMullan, associate executive director of programs, served on the "Impaired Practitioner Programs" panel which provided insight regarding best practices in selecting and administering an alternative disciplinary program. The panel examined criteria to evaluate the need for an impaired practitioner program, and suggested cost-benefit analysis when setting up or selecting a program and models in selected states and provinces. Discussion focused on development of evidence-based measurement of the effectiveness of alternative disciplinary programs that may influence the future course of these types of programs.

Angela Ellis, executive assistant; Melissa McDonald, discipline proceedings coordinator; and, Gail Marshall, senior systems analyst/programmer, presented a session on "Quality Improvement Process: North Carolina Board of Nursing Voyage." The session relayed the voyage of the Board in identifying opportunities for improving our regulatory initiatives as well as creating a system for measuring progress and growth. Discussion focused on the applicability of the Board of Nursing's quality improvement process and how the model can assist national and international organizations in promoting regulatory excellence in ever-changing environments.

Donna Mooney, manager, discipline proceedings, served as moderator for several of the sessions.

The Council on Licensure, Enforcement and Regulation (CLEAR) is the premier international resource for professional regulation stakeholders.

CLEAR was conceived nearly 30 years ago as a resource for any entity or individual involved in the licensure, non-voluntary certification or registration of the hundreds of regulated occupations and professions. Since its inception, CLEAR's membership has included representatives of all governmental sectors, the private sector, and many others with an interest in this field.

CONTINUING COMPETENCE
HOW WE'RE DOING SO FAR...

Have you ever heard the excuse "the dog ate my homework-"? As of yet, we haven't heard this particular explanation from nurses not meeting the Continuing Competence requirements. However, there have been several comparable excuses such as:

- "I didn't think it applied to me."
- "Someone stole my certificates."
- "I thought the place I took the course was to send to the Board."
- "I just didn't have time to complete the requirements."

In reflecting on the many interactions we have had with nurses in the past year, and despite hearing excuses now and then, we are pleased to state that most nurses are compliant with the Continuing Competence requirements. Not only have these nurses sought to continue developing themselves professionally, but one nurse found a very personal benefit from the knowledge she acquired through a continuing education course. Although this individual had not planned to complete the Continuing Competence requirements, she decided to go ahead and order some home study courses on diabetes. I received a letter from her stating how glad she was she had taken the course because her new knowledge had saved her husband's life.

Over 2700 nurses have been audited since July 2008. Out of those approximately 109 (4%) nurses have been referred to Discipline for not meeting the Continuing Competence requirements. Once referred to discipline, the nurse may receive a formal Reprimand or have their license suspended. These disciplinary actions are public information and a potential employer can see that disciplinary action has been taken against a licensee when verifying the license online.

To avoid such disciplinary action, please note the following:

- ALL nurses in North Carolina who have an "active" NC nursing license MUST meet the Continuing Competence requirements within each two-year licensure cycle
- Each nurse is responsible for keeping up with these requirements.
- If you receive a letter from the Board, please do not ignore it.
- Make sure you keep your address up-to-date with the Board. This will help assure that you get audit notifications in a timely manner.
- If you receive a letter and have questions call us; we will help.

Although the above information is of utmost importance, it is hoped that the true motivator in meeting the Continuing Competence requirements is the understanding that the nursing profession is held to a high standard. Completing the Continuing Competence requirements provides you the opportunity to enhance your knowledge and skills ultimately providing the public safer and more effective nursing care.

For more information, please go to our website at www.ncbon.com, click on Quick Links and then click on Continuing Competence.

Impaired *on duty!*

"I was impaired in the workplace from the moment arriving at work with addictive thinking on how [to] get drugs and use throughout the shift. This thinking alone harmed my patients, I was not focused on my patient care leading to less care than they deserved. My impairment through use of drugs decreased my judgment …and … had the potential to cause deadly harm. The truth is, only God protected them (my patients) from me."

- Quote from a nurse in the Board's Alternative Program

This recovering nurse provides insight into the devastating effects of chemical dependence. Sadly, like other chemically dependent nurses, she was in denial of the disease progression and the negative impact of her addictive behavior. Work became THE focus of her life, but this focus had little to do with caring for patients, instead it was all about feeding her addiction.

The Mission of the Board is to protect the health and well being of the public through regulating the delivery of safe, effective nursing care. The Board is also concerned about nurses – the individuals who provide safe nursing care. In 1995 the Board implemented the Alternative to Discipline Program for Chemical Dependency (AP) – this is a non-punitive, non disciplinary approach for nurses whose competency may be impaired because of the use of drugs and/or alcohol. The AP is available to nurses who acknowledge chemical dependence and who are seeking help in getting control of their lives and their careers. In entering the program, the nurse's license is on hold (vs suspension) for a period of approximately 3 months while participating in treatment. Once early recovery has been established, the nurse is approved to reenter practice with highly structured conditions and heavily monitored compliance requirements. The recovering nurse who has given us permission to use her quotes in this article, was confronted at her place of employment as a result of a patient complaint. This confrontation she said "in the end … saved my life and countless others."

If you or a colleague have issues related to chemical abuse or dependency (including alcohol), we ask that you reflect on the message above and seek the help needed in order to deal with this powerful disease. Help is available – just reach out for it. Contact the Alternative Program Board staff at 919-782-3211 or email Kathleen@ncbon.com.

CRIMINAL BACKGROUND CHECKS REQUIRED

The 2009 North Carolina General Assembly amended GS 90-171.48(a)(1) Criminal history record checks of applicants for licensure to authorize the N.C. Board of Nursing to conduct criminal background checks (CBC) on an applicant for reinstatement of a nursing license.
The Board is currently developing its internal systems to conduct this new procedure. Implementation is schedule for 2010. Additional information on this procedure will be published in future editions of the Bulletin Magazine and on the Board's website.

For additional information regarding reinstatements, contact Teresa Whitt, Licensure Coordinator at (919) 782-3211 extension 260. For additional information regarding criminal background checks, please contact Barbara Powell, Criminal Background Checks Coordinator at (919) 782-3211 extension 258.

www.ncbon.com

Navigating the Web

JENNIFER LEWIS, RN,MSN,MBA
PRACTICE/REGULATORY CONSULTANT

Communication with the licensed nurses of North Carolina and the community at large is a top priority for the North Carolina Board of Nursing. In 1996, the Board website, www.ncbon.com was launched as the medium of choice for communication. The website allows the Board to share its news and offers viewers a wealth of information related to nursing practice in the state of North Carolina. In August, 2007 the website was updated to include more information commonly sought by licensees. As new opinions are adopted, laws and rules are amended and procedures are changed, those decisions will be reflected in the website content, therefore licensed nurses are encouraged check the site often to remain abreast of regulatory trends and Board activity. It's simple, fast and convenient to use!

Featured on the website are two easy-to-use menu bars located at the top and on the left side of the homepage. Under each heading there are sub-topics which will refine your search. The following table outlines commonly requested information and where it can be located on the website. The listing is not exhaustive; however it is a quick reference guide you can review and share with your peers. Post it for everyone to see!

We recognize more and more nurses have access to the Internet, and it is our hope that our active Nursing Bulletin readers will help spread the word about the website and the invaluable information which can be found amongst its web pages. We encourage each of you to use the Board website as a resource to learn more about nursing regulation in North Carolina. If after reviewing the website, you still have questions, click the Contact Us header and send your questions via email. Give it a try – you may be surprised at what you might learn!

Quick Reference Guide

Home Page	About Us	Contact Us	Publications/Forms	Events	Quick Links	Online Services
Most recent news and alerts	Board strategic plan & information on Board members	Board address, phone number, driving directions, staff email & phone #s	Current and archived Bulletins annual report of activities & conferences	Board meeting dates, workshops and conferences	Most common or frequently used services	Board online services: renewal, application, APRN document submissions, & complaint forms

Refer To… Website Header	Questions/ Concerns about….
Licensure/ Listing	• Licensure processes and forms for applications, renewals, reinstatement, inactive or retired status, and endorsement for the LPN and RN • Address and/or name changes • Continuing Competence Requirements • NCLEX testing information – sites and application • NA Registry • Frequently Asked Questions regarding licensure information
Practice	• Scopes of Practice for the LPN, RN, APRN, CNM, NP, CRNA, & CNS • Sexual Assault Nurse Examiner • Transport Teams • Position Statements – Board opinions regarding specific tasks • NA Rules and Tasks • Medication Aide Instructor Course • Professional Corporations LLC • Frequently Asked Questions regarding nursing practice
Education	• Nursing education programs in NC and NCLEX pass rates • Out-of-state nursing programs, Internationally Educated, Military personnel • Board approved refresher courses • Resources for program directors and students • NA II teaching modules, NA I and Medication Aide Registry Link • Frequently Asked Questions regarding nursing education
Complaint/ Consumer Protection	• Information about the complaint process, intake forms, and resolution • Practitioner Remediation and Enhancement Partnership (PREP) • Child Support Statute • Drug Monitoring Programs – Intervention Drug Program, Alternative Program, Chemical Dependency Discipline Program • Disciplinary Actions- Licensee names and corresponding sanctions • Imposter Alerts
Data Requests Law and Rules	• Request for labels, listings, and/ or statistics • Information on legislative activities related to nursing practice • Documents for review including the Nurse Practice Act, Administrative Code Rules, Badge Law and exceptions
Nurse Licensure Compact	• States in the compact • NURSYS Licensure Verification- link for verifying nurses working on a compact license in North Carolina
Verify License	• Verify a license by certificate number, name/city, or SSN

TOP 10 Reasons to Refer a Nurse to the PREP* Program

PAMELA TRANTHAM, *PREP PROGRAM COORDINATOR*

The North Carolina Board of Nursing recognizes that to make health care safer, we must create environments where errors can be discussed and quality improvement can occur.

The PREP* Program offers nurses a non-public, non-disciplinary approach to addressing minor errors and competency concerns when the nurse's practice poses no significant risk to the public and the error involved no personal misconduct (i.e., drugs, abuse, theft, fraud).

Consider this common scenario: Becky has worked at Sunnyside Nursing Home for 3.8 years. She works 3 p.m.-11 p.m. and is routinely assigned 35 patients on "B" Hall. She has a good rapport with her residents and their families, as well as with the Physicians who make rounds on their patients at Sunnyside. Becky had one write up for taking too long on her med pass (probably from spending too much time with each resident), and another for a medication error (she accidentally gave 0.5 units of Insulin rather than 5 Units). Last Friday evening, Resident B rang his call bell and complained of nervousness and anxiety. Becky reviewed his chart and found that he previously received Ativan 0.5mg Q6 hours PRN anxiety and that he had responded well. However, the order had expired after 48 hours (some two weeks ago). Becky thought about paging the on-call M.D., but it was late and this was such a small matter. She felt certain the M.D. would appreciate her "re-ordering" the Ativan and not bothering him.

Becky wrote a "verbal order" for Ativan, borrowed it from another resident's supply and then wrote the order on the resident's chart and noted the time of administration. One hour later, Becky re-assessed the resident and noted his anxiety was much improved. Becky flagged Resident B's chart so that the morning nurse could have the Physician co-sign the order she had written.

The M.D. refused to countersign the order and reported Becky to her nurse manager. Since this was her third write-up (even though it was not related to the other two), she was terminated and reported to the Board of Nursing.

So why might PREP* have been a useful tool in lieu of termination?

(1) Estimates place the cost to orient a new nurse between $12,000 and $30,000.

(2) Orientation usually requires a second nurse's time (serving as preceptor or mentor), for a period of from a few days to up to 12 weeks or longer.

(3) Long term nursing retention may generate satisfied and loyal employees who strive to perform well.

(4) Cohesive staff relationships are not disturbed as is the case during times of recruitment and orientation of new nurse(s).

(5) Nursing staff are supported and developed through participation in PREP*, rather than facing punitive responses reflecting a "culture of blame." They are empowered to improve their own practice as well as to identify improvements in processes and cultural norms.

(6) "Safe" work environments built on trust may foster supportive and collective working relationships among nurses. Nurses feel respected when their input is valued. Recognizing why a nurse deviated in his/her practice helps to identify systems issues and to institute learning opportunities.

(7) Working with the Board through the PREP* Program creates a partnership between the nurse, the employer and the Board; placing the emphasis on an end result of retaining good nurses in practice, providing nurses with the resources to learn from errors, and improving their practice while promoting better decision making skills.

(8) PREP* Remediation Plans are tailored to fit each referred nurse's situation and practice needs. Courses are selected based to the situation, and if indicated, monitoring terms, chart audits, and/or Performance Evaluations may also be incorporated into the PREP* Plan (in conjunction with the employer's and licensee's input).

(9) Through PREP*, the employer fulfills their mandated reporting requirements AND the Board of Nursing fulfills its requirement to protect the public.

(10) Courses utilized in the PREP* Program do not interfere with a nurse's work schedule. All costs incurred are the sole responsibility of the nurse (unless arrangements are made between the nurse and employer which would not involve the Board).

For additional information contact: Pamela Trantham, PREP* Program Coordinator/ Practice Case Analyst, (919) 782-3211 EXT. 279, Pamela@ncbon.com; or Kathy Chastain, RN, MN, FRE, Associate Director/Regulation & Quality, (919) 782-3211 ext. 227, KathyC@ncbon.com.

NURSE LICENSURE COMPACT {in a Nutshell}

This is second in a series of four articles designed to simplify the Nurse Licensure Compact. Future articles will address issues and questions that Licensure Staff respond to daily from licensees, nurse employers and citizens. If you have questions related to Nurse Licensure Compact (Compact) that you would like addressed in future articles, please submit your question(s) directly to Teresa Whitt @ncbon.com.

In our first article we defined the Nurse Licensure Compact and how it relates to your practice. In this article, we identify what occurs if your primary state of residence changes.

Based upon Compact policy, a nurse shall declare his/his primary state of residence on all applications for initial and renewal of licensure. Additionally a nurse shall declare his/her primary state of residence when submitting an address change.

If a nurse notifies the Board of Nursing of a change in permanent address to another party state, the nurse will be directed to immediately apply for licensure in the new primary state of residence. The nurse may continue to practice under the former home state license for a period of thirty (30) days.

When a nurse applies for and receives licensure in the party state, this new home state shall inform the former home state that the nurse has obtained licensure and declared a new primary state of residence. The former home state will correct its database and invalidate the former home state license.

If a party state issues a temporary permit or temporary license to an endorsee, that permit of license shall confer the same rights and privileges of nursing practice as does the permanent license. Temporary permits/temporary licenses issued to graduate nurses or any other such title indicating a licensee who has newly graduated and not yet passed NCLEX shall not carry a multi-state privilege to practice.

If a nurse changes residence to a non-compact state, the former home state will change the primary state of residence designation and rescind the multistate privilege. The license will become a single state license, valid for practice in the state of issuance only.

All Compact states adopt language consistent with the model Nurse Licensure Compact language. Each state's statues cannot require a nurse to register, pay a fee, obtain and renew a multistate license and/or submit to a criminal or other type of background check as a precondition to practicing in the party state.

For more information on the Nurse licensure Compact, visit https://www.ncsbn.org/nlc.htm.

Proposed NP Rule Changes Continue to Move through Approval Process

EILEEN C. KUGLER, RN, MSN, MPH, FNP
MANAGER – PRACTICE

In May 2009 the Joint Subcommittee approved proposed rule changes affecting NP practice requirements. The Board of Nursing and the Medical Board also approved the rules at that time, and public hearings were scheduled by both boards. The public hearings were held and the public comment period has come to a close with no opposition voiced through either process. The proposed rules have received final approval by both boards and are now in the final stage of the process having been forwarded to the NC Rules Review Commission. Pending approval by the Rules Review Commission, the proposed rules will become effective December 1, 2009.

The proposed rule changes would eliminate interim status for nurse practitioners, expand what would be accepted for continuing education, and eliminate co-signing of nurse practitioner charts by the primary supervising physician as well as weekly quality improvement meetings during the first month of an initial Collaborative Practice Agreement. In addition, changes regarding nurse practitioner notification of actions are proposed so that all notifications would be made to the Board of Nursing with the Board of Nursing notifying the Medical Board.

Stay tuned for the progress of these proposed rule changes. In the meantime, visit www.ncbon.com to review the full text of the rule changes.

Be on the lookout!!!

The 2010 Education Summit is coming!!! Again it will be presented as a webinar. More information to follow!

If requesting a name change, complete this form and return to the Board office with a photocopy of a document that reflects your new legal name (i.e. driver's license, social security card, marriage license or court document.) Name changes are usually processed within two to three business days from the date of receipt. You can confirm that the change has been made by verifying your nursing license on our web site, www.ncbon.com, and clicking on VERIFY LICENSE or by calling our automated verification line at (919) 881-2272.

Print or type name (no nickname) and address TO BE PRINTED on license or listing card.

RN Cert. Number _____ Exp. Date __/__/____
LPN Cert. Number _____ Exp. Date __/__/____
NAII Listing Number _____

name: _____
(first) (middle) (last)

address:_____

city: _____ state: ____ zip/postal code: _____

date of birth: _____ social security number: _____-____-_____

other last names: _____

daytime phone number: _____

signature:_____ date: _____

e-mail address:_____

For RN and LPN only:
You are required to update the following information for each change of address submitted:
Primary State of Residence: _____
Are you on active duty as an Armed Forces Nurse: (circle one) YES NO
Return form to: North Carolina board of Nursing
Attn: Barbara Nelson
P.O. Box 2129
Raleigh, NC 27602-2129. OR fax your form to: (919) 781-9461

SUMMARY of ACTIVITIES

ADMINISTRATIVE MATTERS

- Accepted Financial Statements for the Years Ended June 30, 2009 and 2008 as presented by Boyce Furr and Company, LLP
- Approved proposed APRN Advisory Committee Profile
- Approved changes to Board Assessment Tools and development of Board Assessment Action Plan
- Approved revisions to 21 NCAC 36. 0801-.0814 (text of the revisions can be found on the Board's homepage under NEWS & ALERTS)

EDUCATION MATTERS • *Summary of Actions related to Education Programs*

Ratification to Approve the Following Expansion in Enrollment

• Fayetteville Technical Community College, Fayetteville – ADN – increase of 30 for a total enrollment of 210 beginning August 2009

• Gaston College, Lincolnton – PNE – increase of 20 for a total enrollment of 70 beginning October 2009

FYI Accreditation Decisions by CCNE

• UNC – Wilmington, Wilmington – BSN – Continuing Accreditation, Next Visit – Fall 2018

FYI Accreditation Decisions by NLNAC

• Pitt Community College, Greenville – ADN – Initial Accreditation, Next Visit – Spring 2014

• College of The Albemarle, Elizabeth City – ADN – Continuing Accreditation (With Conditions), Follow-up Report in Two Years: Addressing Standard II

Assigned Initial Approval Status

• Appalachian State University, Boone – BSN

• Gardner-Webb University, Boiling Springs – BSN

INVESTIGATION AND MONITORING ACTIONS

Received reports and Granted Absolutions to 7 RNs and 2 LPNs

Removed probation from the license of 16 RNs and 9 LPNs

Accepted the Voluntary Surrender from 22 RNs and 6 LPNs

Suspended the license of 6 RNs and 7 LPNs

Reinstated the license of 12 RNs, 2 LPNs

Number of Participants in the Alternative Program for Chemical Dependency: 130 RNs and 19 LPNs (Total = 149)

Number of Participants in the Chemical Dependency Program (CDDP):

85 RNs, 5 LPNs (Total = 90)

Number of Participants in Illicit Drug/ Alcohol Program: 35 RNs, 6 LPNs.

(Total = 41)

COMMON CHARACTERISTICS of Nurses Disciplined in NC: *A Research Summary*

CAROL WALKER, RN, MS
PRACTICE CONSULTANT

Boards of nursing have a responsibility to assure, to the best of their ability, that the character of individual nurses will uphold those standards set by state law. In this age of evidenced-based nursing practice it becomes important for boards of nursing to research and identify characteristics common to nurses who violate a Nursing Practice Act (NPA). I completed this study for National Council State Boards of Nursing as part of their Institute for Regulatory Excellence program.

The findings of this study do not provide support for immediate change, but do add to the small body of knowledge presently available regarding the common demographic traits of nurses who have violated a NPA.

The project identified the shared demographic traits of disciplined nurses licensed in North Carolina during a five year period, from 2001 thru 2005. In some instances a comparison was made between those disciplined nurses studied and data reported for all nurses licensed in North Carolina in 2008. The findings of this study identified that:

1. LPNs were disciplined at a higher rate than RNs, supporting a National Council of State Boards of Nursing (NCSBN) report published in 2008 which reported data on nurses disciplined by all states.
2. The average age of those disciplined RNs and LPNs studied was 42.5 years.
3. Of disciplined LPNs studied, 28 percent reported an Associate Degree (AD) as their highest level of education versus 25 percent of all LPNs licensed in 2008.

Of disciplined RNs studied, 48 percent reported an AD in Nursing as their highest level of education, a 7.63 percent increase over that reported by all RNs licensed in 2008.

4. Male RNs and LPNs represented a higher percentage (15 percent and 13.6 percent respectively) than males represent in the overall population of licensed nurses (5 percent.)
5. RNs were licensed an average of 11.7 years prior to receiving discipline. LPNs were licensed an average of 10.9 years.
6. The highest percentage of disciplined RNs had been licensed between 6 and 10 years. Disciplined LPNs showed equal distribution for years licensed between 2 and 15 years.
7. Of disciplined RNs, 70 percent received initial licensure in NC; 63 percent of disciplined LPNs were initially licensed in NC.
8. Compared to all RNs licensed in 2008, 8.9 percent more disciplined RNs studied reported having a prior court conviction; disciplined LPNs reported an 11.57 percent increase in prior convictions over that reported by all LPNs licensed in 2008.

Employers may determine the findings of this study helpful as they provide nursing education and supervision to those nurses having multiple identified common traits.

The common traits identified in this study provide nursing educators with information for students regarding the possibility of NPA violation risk factors for licensed nurses. Employers may determine the findings of this study helpful as they provide nursing education and supervision to those nurses having multiple identified common traits. Other regulatory nursing boards may consider replication of the study or additional research to further identify or clarify common characteristics of disciplined nurses and/or reasons the factors are evidenced, and how they may influence the nurse's ability to safely practice.

NOMINATION FORM FOR 2010 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for the next election. In 2010, the Board will have three openings: one Nurse Educator from an ADN or Diploma Program, one Staff Nurse position and one LPN. This nomination form is for you to tear out and use. The form must be completed and postmarked on or before April 1, 2010. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed petition signed by no fewer than 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership on it are as follows:

1. Hold a current unencumbered license to practice in North Carolina
2. Be a resident of North Carolina
3. Have a minimum of five years experience in nursing
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election, except for the RN at-large position.

Minimum ongoing-employment requirements for the RN member shall include continuous employment equal to or grater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN at-large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You also may contact Angela Ellis, executive assistant, at angela@ncbon.com or (919) 782-3211, ext. 259. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2010.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are no acceptable
3. The certificate number of the nominee and each petitioner must be listed on the form. (The certificate number appears on the upper right-hand corner of the license.)
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2010, for the nominee to be considered for candidacy. Petitions received before the April 1, 2010, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2010. Those elected will begin their terms of office in January 2011.

Please complete and return nomination forms to 2010 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2010

We, the undersigned currently licensed nurses, do hereby petition for the name of _____, RN (circle one), whose Certificated Number is _____, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

☐ Nurse Educator ☐ Staff Nurse ☐ LPN

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

PETITIONER - *(At least 10 petitioners per candidate required. Only RNs may petition for RN nominations and LPNs may petition LPN nominations.)*

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2010

NAME	SIGNATURE	CERTIFICATE NUMBER

Please complete and return nomination forms to 2009 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

THE ROLE OF THE LPN IN HOME CARE

EILEEN C. KUGLER, RN, MSN, MPH, FNP, *MANAGER – PRACTICE*
CAROL WALKER, MS, RN, CNS, FRE - *PRACTICE CONSULTANT*

Frequently the Board receives calls seeking clarification regarding the role and scope of practice of the LPN who works in a home setting. It appears that both RNs and LPNs at times may forget that although the LPN works alone in the home, they are not working independently. Here are some reminders for licensed nurses and agency administrators working in home care.

An LPN may not work independently without supervision in any setting. The Nursing Practice Act (NPA) G.S. 90-171.20(8)(c) states an LPN may participate in implementing a health care plan developed by the registered nurse and/or prescribed by an individual authorized by state law to prescribe such a plan. The LPN participates in the implementation of the plan by performing tasks assigned or delegated by and performed under the supervision or under orders or directions of a registered nurse, physician licensed to practice medicine, dentist, or other person authorized by state law to provide the supervision. The associated LPN Rule, NC Administrative Rule 21 NCAC 36.0225(d), also states that the implementation of nursing activities must be assigned and supervised by an authorized person.

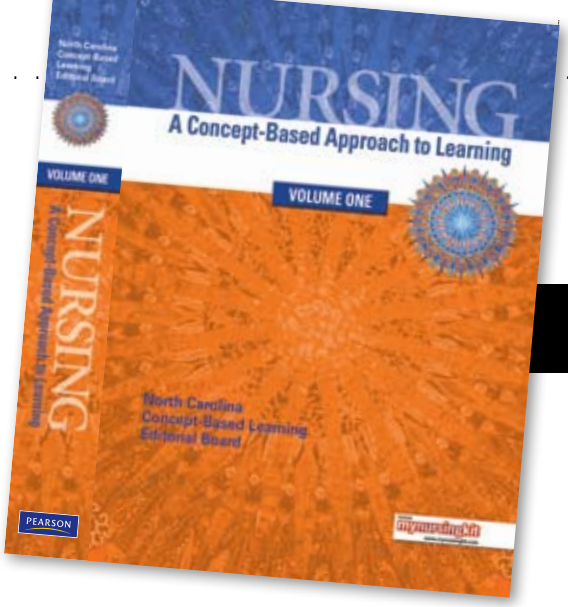
In order to satisfy these requirements, the LPN must have a formal relationship established and maintained with an authorized supervising person at all times while providing nursing services. Such a relationship is established through employment, and requires the supervisor to be available to go to the practice site if necessary. You can access these laws and rules on the Board's website at www.ncbon.com; under Law and Rules select Administrative Code (Rules) and Nursing Practice Act.

An RN of an employing agency is responsible to verify the knowledge, skill, and competency of all nurses in the agency before assigning a nurse to a client. Prior to the LPN accepting an in-home assignment an RN must have assessed the client, verified that healthcare provider orders are in place and appropriate, determined the plan of care, and identified those skills needed by the assigned nurse. To match the client with an LPN, the client's clinical condition must be determined to be "stable" by the RN. Also, the complexity of the required nursing activities and their potential threat to client well-being must be considered. Once the match of client need and nurse skill set is completed the assignment can be made.

It appears that both RNs and LPNs at times may forget that although the LPN works alone in the home, they are not working independently.

In the provision of home health services, the LPN continues to work under the direct supervision of the RN. An RN supervisor is required to always be available by phone, and to come to the home if necessary to further assess the client. In addition, an RN must be routinely available to evaluate the client's response to care provided, and to make needed modifications to the plan of care, or to discharge the client from the service.

For further clarification the Board has prepared the document, "Home Care: Position Statement for RN and LPN Practice." To access this statement, visit the Board's website www.ncbon.com; under Practice select Position Statements. Remember, being alone does not mean independent practice.



NC Nurses AUTHOR new text

• BY CHARLOTTE BLACKWELL,
DEPARTMENT HEAD, PRE-HEALTH SCIENCES,
WAKE TECH COMMUNITY COLLEGE

During the past two years, the nursing faculty in fifty-five NC community colleges participated in a (CIP) Curriculum Improvement Project resulting in a collaborative restructuring and revision of the Associate Degree Nursing Education curriculum standard. The outcome of the Project is a single Associate Degree Nursing Curriculum designed to meet the requirements of accrediting agencies and reflecting advances in nursing and healthcare practices.

Nurse educators across North Carolina agreed that the curricula in the Associate Degree Nursing programs was experiencing content overload. After much research, the state-wide team, a representative from each of the fifty-five community colleges that offer an Associate Degree Nursing program, decided that a paradigm shift from a content-laden curriculum to a more conceptual approach to curriculum development and teaching was appropriate. The team decided to develop a concept-based curriculum. Much time and research was devoted to identifying and defining the specific concepts to be included in the state-wide curriculum. Best examples of each concept, exemplars, were identified using research data derived from the Healthy People 2010 Report, the Institute of Medicine, the Center for Disease Control, the Joint Commission, the National Institute of Mental Health, the National Institute of Health, the NCLEX Test Plan, etc. Using data from these organizations, the state-wide team identified exemplars which had high incidence and prevalence throughout the life span, across the health-illness continuum, and in various environmental settings.

The search for textbooks and resources was important to the educators as they envisioned the implementation of the new conceptual curriculum and the student-centered learning activities. Pearson Higher Education and many

continued on page 30>>

NC Board of Nursing Workshop Registration Form 2009

ONLINE WORKSHOPS!

Continuing Competence Update (1.0CH)

Information sessions related to board requirements for demonstration of continuing competence.

No fee required for cont comp sessions.

Questions? Contact Paulette Hampton
919-782-3211, ext. 244 OR Paulette@ncbon.com

LEGAL SCOPE OF PRACTICE (2.3 CHs)

The purpose of this offering is to provide information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina. $40.00 Fee.

Questions? Contact Pamela Trantham
919/782-3211 ext. 279 OR Pamela@ncbon.com

YOU DO NOT NEED TO COMPLETE/SUBMIT THIS FORM FOR THE ONLINE WORKSHOPS!

Go to www.ncbon.com
Select Events at top of homepage - Go to "Workshops and Conferences". Click on "Board Sponsored Workshops" - Click on the link - follow instructions.

Orientation Sessions for Administrators of Nursing Services *and* Mid-Level Nurse Managers (4.6 CHs)

(Raleigh-NCBON-10a-3:55p)

Information sessions regarding the functions of the Board of Nursing and how these functions impact the roles of the chief nurse administrator and mid-level nurse manager in all types of nursing service settings.
Registration fee of $40.00.

PLEASE CHECK THE APPROPRIATE WORKSHOP BELOW

☐ February 16, 2010 ☐ September 14, 2010

☐ May 17, 2010 ☐ November 10, 2010

Registration at least two weeks in advance of a scheduled session is required. No refunds will be made if cancelled within 10 days of the workshop, and last minute transfers to another date will be granted on a space available basis. For directions, please go to: http://www.ncbon.com-Contact-Directions.
(limit 20 people per session)

Questions? Contact Paulette Hampton
919-782-3211, ext. 244 OR Paulette@ncbon.com

Receiving Contact Hour Certificates: For all workshops listed on this registration form, contact hour certificates will be presented to participants who attend the selected workshop in its entirety.

Registration Payment/Information

PLEASE INDICATE THE FOLLOWING:
Title/Date of Workshop(s); _____
_____
_____

Registration fee: $40.00 per session per person for all workshops except for Continuing Competence Update.
NON REFUNDABLE (Unless Workshop Cancelled)
PLEASE PRINT ALL INFORMATION and MAIL TO: Administrative Secretary-Practice, NCBON, P.O. Box 2129 – Raleigh, NC 27602
General Information: NAME:_____ TITLE (ex: RN, LPN, etc.):_____
NAME OF PRACTICE IN WHICH YOU ARE EMPLOYED (ex: ABC Cancer Center):
_____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PH#: (____)_____ E-MAIL ADDRESS: _____

Please give complete address as you will be mailed/emailed a confirmation and/or directions.
Make checks payable to North Carolina Board of Nursing or pay by credit card. Registration fee covers course materials.
Credit Card Type: ____MasterCard ____Visa Expiration Date: Month: _____ Year: _____
Cardholder Name (as it appears on credit card): _____
CITY: _____ STATE: _____ ZIP: _____
Total Amount: $_____
Street /POB: _____
Cardholder Signature:
_____
(Credit card payment cannot be accepted via fax or phone.)
Credit Card Number: | | | | | | | | | | | | | | | | | CVV# # on back of credit card | | | |

The North Carolina Board of Nursing is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to NCBON continuing nursing education activities listed to the left: Participants must attend the entire session(s) in order to be awarded CNE contact hours. Verification of participation will be noted by signature. No influential financial relationships have been disclosed by planners or presenters which would influence the planning of the activity. If any arise, an announcement will be made at the beginning of the session. No commercial support has influenced the planning of the educational objectives and content of the activity. Any commercial support will be used for events that are not CNE related. There is no endorsement of any product by NCNA or ANCC associated with the session(s). No session(s) relates to products governed by the Food and Drug Administration. If it did, appropriate and off-label use will be shared.

APPROVED PROVIDER

The North Carolina Board of Nursing is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

FAQ's

Q **Can an experienced LPN challenge the NCLEX® -RN examination?**

A In NC there are no provisions for challenging the NCLEX® -RN. The law requires that you have completed a Board approved nursing program designed to prepare a person for registered nurse licensure.

Q **How does the NCBON regulate Nursing Education programs?**

A The Board sets standards (NCAC 36.033-.0324) to insure that graduates of the programs have the education necessary to safely and competently practice nursing. The Board employs education consultants to provide data collection to facilitate review all nursing programs at least every 8 years and more often as deemed necessary.

<< continued from page 25

nurse educators from North Carolina worked to bring a vision of strength to this new curriculum by providing North Carolina with a text: ***Nursing: A Concept-Based Approach to Learning.*** There is great optimism that this conceptually written text will meet the needs of nurse educators and nursing students, not only in North Carolina, but across the United States as other states are developing concept-based curricula.

Many nurse educators from North Carolina made important contributions to the concept-based curriculum. Sincere appreciation is extended to all my professional colleagues, throughout the community college system, who have supported the efforts of this work. I gratefully acknowledge the tireless, unselfish efforts of the Advisory Board members: Carol Boles, Colleen Burgess, Delia Frederick, Robin Harris, Barbara Knopp, Kathy Phillips, Linda Smith, Renee Taylor, Kathy Williford, and Linda Wright.